Pogsara Yia!

(Girls First!)

FINDINGS FROM THE NAVRONGO HEALTH RESEARCH CENTRE
FEMALE GENITAL MUTILATION ERADICATION INTERVENTION

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THE TRUTH ABOUT LIES

The practice of female circumcision, now widely referred to as Female genital mutilation (FGM) to underscore the needless harm done to women, has a long and winding history. It is deeply etched in African traditions as a rite of passage. In recent times FGM has received international condemnation as violence against women and efforts have been mounted to eradicate it. Several interesting demonstration projects have been launched for promoting FGM eradication in Africa, but no consistent verifiable scientific evidence exists that programmes can work. The *Pogsara Yia* initiative of the Navrongo Health Research Centre is the first randomized experimental trial of a social action programme for preventing FGM. Accurate measurement and assessment of individuals' circumcision status is crucial to the success of the research agenda. It is also necessary for the evaluation of interventions, for studies of the determinants of the practice, and for investigations of prevalence trends given in national surveys.

Although medical examination represents the gold standard for assessing whether or not a girl or woman has been circumcised, this method has several drawbacks. Medical examinations are costly and, by necessity, are almost always performed on self-selected subgroups of a population such as clinic clientele. Validation studies using random population-based samples are rare and difficult to implement. More commonly, women are examined in the context of clinic attendance.

Although many surveys have included questions about women's circumcision status and correlated personal characteristics, no longitudinal studies exist that permit research on survey-response biases. Investigation of the possibility of response bias assumes growing importance as the legislation and informational campaigns against the practice increase, possibly affecting survey-response validity. Using longitudinal data from the Navrongo yearly panel surveys, a study examined self-reporting of circumcision status to determine possible bias by comparing women's self-reported status from survey responses in 1995 with repeat-interview responses in 2000 for a sample rural population in northern Ghana, where the practice of female genital cutting has been the subject of legislation and informational campaigns.

The NDSS is a longitudinal population monitoring system that has registered individuals present in the district, demographic events, population characteristics, and social relationships. Yearly panel surveys collect more detailed information on a population subset of women aged 15 to 49 and their husbands resident in 18 percent of the 12,700 extended family compounds then registered in the NDSS. In 1995 5,275 women were asked the question, "Are you circumcised?" In 2000, 6,136 women were asked the same question. When the two surveys were linked, 2,401 women were found to have been interviewed in both years, and 2,391 of these women answered the question about circumcision status in both years. These linked responses were analyzed for consistency and placed into four categories. In the first two categories, agreement occurred when a woman consistently reported either being circumcised or uncircumcised in both of her survey responses. In the third and fourth categories, disagreement occurred when a woman's responses were inconsistent, either because she stated that she was not circumcised in 1995 and reported that she was circumcised in 2000, indicating the probable occurrence of the procedure during the study period, or because a woman who reported that she was circumcised in 1995 reported that she was not circumcised in 2000, indicating probable denial.

A high rate of response reversal representing possible denial of having been circumcised was expected because of the growing influence of a law passed by the government of Ghana in 1994 banning the practice and of public information campaigns that were launched to uproot social support for it.

Comparison of prevalence rates among cohorts shows a dramatic decline in the practice of female circumcision during the 1995–2000 period. A decline in the reported prevalence of genital cutting is greatest among younger cohorts. Nearly 16 percent of respondents in their twenties in 2000 denied having been circumcised, whereas only 8 percent of

respondents in their forties did so. Prevalence of newly circumcised cases decreased steadily by age, and the number of respondents confirming their circumcised status increased steadily with age from 15 percent to 87 percent.

Of the 48 women aged 20 to 24 in 2000 who reported that they were circumcised in 1995, half reported in 2000 that they were not circumcised. Only 7 percent of women in the 45–49 age group who had previously reported being circumcised subsequently reported that they were not. Denial rates are highest among groups of women with lowest prevalence of circumcision. Deniers and uncircumcised women were significantly younger, more likely to be educated, more highly educated, and less likely to practice traditional religion or be in polygamous marriages.

Deniers appear to occupy a middle ground between confirmers and women who reported that they have not been circumcised. Although deniers are more likely to be educated than confirmers, they are less likely to be highly educated than are women who reported being uncircumcised. Deniers are less likely than confirmers to practice traditional religion but more likely than women who reported in both surveys that they are uncircumcised to practice traditional religion.

When deniers are treated as uncircumcised, as they would be if we examined data from the 2000 survey without knowledge of the responses women gave in the 1995 survey, we would conclude that the prevalence of female genital cutting among women aged 20–49 was 77% overall. If deniers are counted as circumcised, prevalence jumps to 88%. The women classified as newly circumcised are younger, increasing the likelihood that they represent actual new cases of circumcision rather than previous deniers who have decided to report their status accurately. Subsets of women and girls in the district have been exposed to a variety of anticircumcision campaigns and interventions that may have affected local attitudes toward female genital cutting as well as circumcised women's willingness to reveal their status to interviewers. For these and other reasons, it is believed that women classified as deniers are likely to be reporting their status inaccurately. The effects of a law banning FGM in Ghana were not likely to have been widespread at the time of the 1995 panel survey; however, most women were probably aware of the law after 1996, when a circumciser in the district was jailed for five years. Younger women may be more likely than older women to fear punishment under the law if they report being circumcised, because they have been more recently circumcised, and therefore their circumciser is still likely to reside in the community. Older women, almost universally circumcised, might fear the law less because they were circumcised before it was passed. Is the low reported prevalence of female genital cutting merely a function of high denial rates, or are denial rates high because the increasingly low prevalence of the practice among peers is associated with social pressure to remain uncircumcised? The truth may lie somewhere in between.

Denial of one's circumcision status is indicative of project impact

Conclusion

Denial may reflect a decline in the social importance and acceptability of FGM. When female circumcision was nearly universal, the social cost of not being circumcised was high for women who avoided the procedure, and uncircumcised women were subject to mocking and humiliation. Recent qualitative data however suggest that this situation has been reversed, and that young women who are circumcised are likely to face ridicule from their uncircumcised peers. Although denial is likely to contribute to decreases in self-reported prevalence, it is unlikely to be the sole reason for these decreases. Other potential factors may be attributable to inappropriate data-collection procedures. Repetitive questioning about circumcision may confuse women who had already reported being circumcised to research staff in a previous survey, and repeated interviewing may be associated with higher rates of denial than are single-observation surveys. Inexperienced interviewers may cause women to feel uncomfortable about divulging such information. As circumcision becomes an increasingly sensitive topic, research procedures must be adjusted in response. But whether women are lying, telling the truth or just lying about the truth, the truth about lying is that denial of one's circumcision status is indicative of Pogsara Yia! project impact. The sun may be setting at a much slower pace than expected but it is setting all the same.

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